

Commonwealth of Massachusetts.

No. 1

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Jan 7, 1898
2. Full Name of Child, . . . .	
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . . .	Male
5. Place of Birth, . . . .	Southboro
6. Name of Father, . . . .	Joseph Luchs
7. Residence, . . . .	Southboro
8. Occupation, . . . .	Salver
9. Birthplace, . . . .	Hungary
10. Name of Mother, . . . . (Maiden Name,) . . . .	Mary Borsch
11. Residence, . . . .	Southboro
12. Birthplace, . . . .	Hungary

Dated at Southboro, Jan 12 1898  
Signature of person } making return. } B. Jones M.D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.

Qu 1/23/98  
Commonwealth of Massachusetts.

No.

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Jan. 8, 1898
2. Full Name of Child, . . . .	Estella Richards
3. Color, * . . . .	white
4. Sex, (and if twin or illegitimate,) . . . .	Female - legitimate
5. Place of Birth, . . . .	Fayville, Mass.
6. Name of Father, . . . .	George Richards
7. Residence, . . . .	Fayville
8. Occupation, . . . .	Carpenter
9. Birthplace, . . . .	New York City
10. Name of Mother, . . . . (Maiden Name,) . . . .	Laura E. Richards " " Blood
11. Residence, . . . .	Fayville
12. Birthplace, . . . .	Hollis, N. H.

Dated at Fayville Mass. Jan. 22<sup>nd</sup> 1898.

Signature of person } making return. } *Laura E. Newton*

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

## Commonwealth of Massachusetts.

No. 4

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Jan 25, 1898
2. Full Name of Child, . . . .	Woodhall
3. Color, * . . . .	W
4. Sex, (and if twin or illegitimate,) . . . .	Fayville
5. Place of Birth, . . . .	Clare Woodhall
6. Name of Father, . . . .	Fayville
7. Residence, . . . .	Lynn Farmer
8. Occupation, . . . .	Lynn
9. Birthplace, . . . .	
10. Name of Mother, . . . . (Maiden Name), . . . .	Annie Knight
11. Residence, . . . .	Fayville
12. Birthplace, . . . .	Boston

Dated at Southboro, Mass., Jan 30 1898  
 Signature of person } making return. } C P Jones W D

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

5

1. Date of Birth, . . . . .
2. Full Name of Child, . . . . .
3. Color, \* . . . . .
4. Sex, (and if twin or illegitimate,) . . . . .
5. Place of Birth, . . . . .
6. Name of Father, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Birthplace, . . . . .
10. Name of Mother, . . . . .  
(Maiden Name) . . . . .
11. Residence, . . . . .
12. Birthplace, . . . . .

January 30/98  
Leon Leslie Raymond  
White  
Male  
Cordaville Mass  
J. Oscar Raymond  
Cordaville  
Farmer  
Canada  
Mabel Raymond  
n Lamir  
Cordaville  
Vermont

Dated at Ashland Mass Feb 3/98 # 18

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

D. G. Trembley M.D.  
Paid over 11/98

Signed by

Parent.

1 PLACE OF BIRTH  
Worcester County  
(COUNTY)  
Southboro  
(CITY OR TOWN)  
NO. Westboro Road

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
DELAYED  
CERTIFICATE OF BIRTH

Worlboro Mass  
(CITY OR TOWN MAKING THIS RETURN)

Registered No. ....

Deposition No. ....

STREET

WARD (If birth occurred in a hospital or institution  
give its NAME instead of street and number)

2 FULL NAME OF CHILD

Howard Altha O'Leary

3 Sex Male 4 (a) Twin, triplet or other

5 Born ALIVE OR STILLBORN

3a Color white If plural Births (b) Number, in order of birth 9

Alive

6 Date of Birth Feb. 17, 1898  
(MONTH) (DAY) (YEAR)

7 FATHER

FULL NAME

Robert Altha O'Leary

MOTHER

Olivia Maria Schofield

8

RESIDENCE, NO. Westboro Road STREET

(AT TIME BIRTH OCCURRED)

CITY OR TOWN Southboro STATE Mass

13

MAIDEN NAME

PRESENT NAME

O'Leary Beau' dream

9

COLOR OR RACE White 10 dead 35 yrs ago AGE AT LAST BIRTHDAY 37 (YEARS)

14

RESIDENCE, NO. Westboro Road STREET

(AT TIME BIRTH OCCURRED)

CITY OR TOWN Southboro STATE Mass

11

PLACE OF BIRTH Kings County U. S. (CITY OR TOWN) (STATE OR COUNTRY)

15

COLOR OR RACE

White 16 AGE AT LAST BIRTHDAY 80 45 (YEARS)

12

OCCUPATION Farmer

17

PLACE OF BIRTH

Kings County U. S. (CITY OR TOWN) (STATE OR COUNTRY)

18

OCCUPATION

Housewife (Physician, parent, or other)

19 Attendant at birth or informant

(If there was no physician or attendant, draw  
line through "attendant at birth or")

Dr. Jones (dead)

(Name)

Address No.

Main St, Southboro

St.

(City or town)

20 Affidavit filed and recorded and a copy of return and affi-  
davit transmitted to the Secretary of the Commonwealth

(Month) (Day) (Year)

21 Deponent

Name City or town

Relation to child

Mrs. Effie Bowles Sister  
1842 Central St  
Worlboro Mass22 The above record has been made in accordance with the  
provisions of General Laws, Chap. 46, Sec. 13.

Attest:

REGISTRAR

SEE REVERSE SIDE FOR AFFIDAVIT

(City or town)

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case ... or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth ... not previously recorded. . . EXTRACT FROM GEN. LAWS, CHAP. 46, SEC. 13.

**AFFIDAVIT**

THE COMMONWEALTH OF MASSACHUSETTS }

COUNTY OF *Mid. Mass.* } ss.:

*Deletha Maria Schaffeld, (O'Leary) Brandrean*  
being duly sworn, deposes and says that he resides at *Elabelle St Marlboro, Mass.*

that deponent has knowledge of the birth of *Howard Otha O'Leary*,  
named on the reverse side of this blank, that he is the person who furnished the facts on the reverse side of this blank, mailed or delivered on *19*, to the office of the

*An entry made in the family bible by deponent*  
of the *Janus his mother also* (City or town clerk or registrar)  
(City or town) *The Commonwealth of Massachusetts*

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: *and stated by her to be made at the time of birth of Howard Otha O'Leary*

The evidence submitted to substantiate the affidavit was: *by mother of Howard Otha O'Leary*  
*Wm. W. A. Brandrean (witness)*  
(Signed) *Mrs. Effie Bowles (witness)*

Sworn to and subscribed before me,

this *3* day of *January*, 19 *42*

(City or town clerk, assistant clerk, or registrar)

**NOTICE**

Expense of affidavit should be borne by the individual making this return.

**INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH**

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance, or a church, Bible, or family record.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, or by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

**CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE  
SECRETARY OF THE COMMONWEALTH AT ONCE**

+ 1898

#7

Southville

Birth

Baby born March 1<sup>85</sup>

Baby Name Walter Gordon

Fathers .. James O'Brien

Mother .. Maggie O'Brien

Fathers age 28 years

Mother's .. 29 ..

Fathers Father's Name Wm O'Brien

Fathers Mother's Name Margaret .. O'Brien

Mother's Father's .. Patrick Farley

Mother's Mother's .. Mary Anna Farley

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No. 8

1. Date of Birth, . . . . .	March 5 1998
2. Full Name of Child, . . . . .	Thomas Carey
3. Color, * . . . . .	White
4. Sex, (and if twin or illegitimate,) . . . . .	Male
5. Place of Birth, . . . . .	Fayville Mass
6. Name of Father, . . . . .	Wm H. Carey
7. Residence, . . . . .	Fayville
8. Occupation, . . . . .	Father
9. Birthplace, . . . . .	E. Cambridge Mass
10. Name of Mother, . . . . . (Maiden Name,) . . . . .	Catherine Carey Catherine Sullivan
11. Residence, . . . . .	Fayville Mass
12. Birthplace, . . . . .	Florida

Dated at

Ashland March 8<sup>th</sup> 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

G. E. Trumley M.D.

Paid over 11 98

Signed by

Parent,

also Paid for Garaway - over

#9 Commonwealth of Massachusetts.

Date of Birth, March 17 1898.

Sex, Male

Color (if other than white),

Name (if named), James Abale

Place of Birth, No. Fayville Street

Name of Father, Peter Abale

Name of Mother, Guidita "

Maiden Name of Mother, Guida Marguerite

Residence of Parents, No. Fayville Street

Occupation of Father, Labour

Birthplace of Father, Italy

Birthplace of Mother, "

(Signature),

J. D. Baldwin

Physician.

✓  
Commonwealth of Massachusetts.

No. 11

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Apr 30 1898
2. Full Name of Child, . . . .	Stillborn
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,)	Female
5. Place of Birth, . . . .	Southboro
6. Name of Father, . . . .	Patrick McGrain
7. Residence, . . . .	Southboro
8. Occupation, . . . .	勞動者
9. Birthplace, . . . .	Ireland
10. Name of Mother, . . . . (Maiden Name,)	Katy McHally
11. Residence, . . . .	Southboro
12. Birthplace, . . . .	Ireland

Dated at Southboro, May 2 1898  
Signature of person } C P Jones M.D.  
making return.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.

**FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.**

## Commonwealth of Massachusetts.

## RETURN OF A BIRTH.

No.

1. Date of Birth, . . . .
2. Full Name of Child,
3. Color, \* . . . .
4. Sex, (and if twin or illegitimate,) . . . .
5. Place of Birth, . . . .
  
6. Name of Father, . . . .
7. Residence, . . . .
8. Occupation, . . . .
9. Birthplace, . . . .
  
10. Name of Mother, . . . .  
(Maiden Name,) . . . .
11. Residence, . . . .
12. Birthplace, . . . .

Dated at Aslant Jun 9<sup>th</sup> 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

**Physician attending**

Signed by

Parent.

✓  
No. 13 Commonwealth of Massachusetts.

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . . .	May 11, 1898
2. Full Name of Child, . . . . .	Jones, unnamed
3. Color, * . . . . .	
4. Sex, (and if twin or illegitimate,)	F
5. Place of Birth, . . . . .	Southboro
6. Name of Father, . . . . .	Claude P. Jones
7. Residence, . . . . .	Southboro
8. Occupation, . . . . .	Physician
9. Birthplace, . . . . .	E. Boston
10. Name of Mother, . . . . .	
(Maiden Name,) . . . . .	Hattie A. Kemp
11. Residence, . . . . .	Southboro
12. Birthplace, . . . . .	Bucklin, N.Y.

Dated at Southboro Mass May 14 1898  
Signature of person making return. } C. P. Jones M.D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. -5,000.

✓ Commonwealth of Massachusetts.

#14

Date of Birth,

May 22<sup>nd</sup>, 1898.

Sex,

Female

Color (if other than white),

White

Name (if named),

Mary Ellen Martin

Place of Birth, No.

Southville

Street

Name of Father,

Thomas Martin

Name of Mother,

Annie Martin

Maiden Name of Mother,

Annie Collins

Residence of Parents, No.

Southville

Street

Occupation of Father,

Actor Hand

Birthplace of Father,

Ireland

Birthplace of Mother,

Ireland

(Signature),

Richard M. Raymond M.D.

Physician.

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

✓ RETURN OF A BIRTH.

No.

15

1. Date of Birth, . . . . .
2. Full Name of Child, . . . . .
3. Color, \* . . . . .
4. Sex, (and if twin or illegitimate,) . . . . .
5. Place of Birth, . . . . .
6. Name of Father, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Birthplace, . . . . .
10. Name of Mother, . . . . .  
(Maiden Name) . . . . .
11. Residence, . . . . .
12. Birthplace, . . . . .

June 3 1898  
Marionie May White  
Female  
Southboro  
C. S. Fairbanks  
Southboro  
Express Agt  
M. E. Fairbanks  
Mrs. Bonhillet  
Southboro  
Mass.

Dated at Ashland June 25<sup>th</sup> 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

D. G. Trusley M.D.  
Paid over 11/98

Signed by

Parent.

## Commonwealth of Massachusetts.

No. 167

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	June 16
2. Full Name of Child, . . .	— — Espisi
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . . .	Female
5. Place of Birth, . . .	Fayville
6. Name of Father, . . .	Jos. Espisi
7. Residence, . . . .	Fayville
8. Occupation, . . . .	Laborer
9. Birthplace, . . . .	Italy
10. Name of Mother, . . .	
(Maiden Name,) . . .	Marie Scanspini
11. Residence, . . . .	Fayville
12. Birthplace, . . . .	Italy

Dated at Southboro, June 20 1898

Signature of person } making return. } B P Jones MD

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.

✓  
Commonwealth of Massachusetts.

No. 17

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . . .	June 18, 1898
2. Full Name of Child, . . . . .	— — Bolen
3. Color, * . . . . .	Male
4. Sex, (and if twin or illegitimate,) . . . . .	
5. Place of Birth, . . . . .	Southboro
6. Name of Father, . . . . .	Wm. Bolen
7. Residence, . . . . .	Southboro
8. Occupation, . . . . .	Gardener
9. Birthplace, . . . . .	Ireland
10. Name of Mother, . . . . . (Maiden Name), . . . . .	Mary Burke
11. Residence, . . . . .	Southboro
12. Birthplace, . . . . .	Ireland

Dated at Southboro, June 20 1898

Signature of person } making return. } C P Jones, M.A.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.

Commonwealth of Massachusetts.

No. 18

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . . .	July 6, 1898
2. Full Name of Child, . . . . .	Thomas McDonald
3. Color, * . . . . .	
4. Sex, (and if twin or illegitimate,) . . . . .	Male
5. Place of Birth, . . . . .	
6. Name of Father, . . . . .	Thomas McDonald
7. Residence, . . . . .	Southboro
8. Occupation, . . . . .	Stableman
9. Birthplace, . . . . .	Ireland
10. Name of Mother, . . . . . (Maiden Name,) . . . . .	Mary Crowley
11. Residence, . . . . .	Southboro
12. Birthplace, . . . . .	Ireland

Dated at Southboro July 9 1898  
Signature of person } making return. } B P Jones W. 10

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]  
Plate. Ed. December, 1896.—5,000.

Commonwealth of Massachusetts.

No. 19

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . . .	July 22, 1898
2. Full Name of Child, . . . . .	
3. Color, * . . . . .	
4. Sex, (and if twin or illegitimate,) . . . . .	
5. Place of Birth, . . . . .	Southwicks
6. Name of Father, . . . . .	John O'Brien
7. Residence, . . . . .	Southwicks
8. Occupation, . . . . .	Book maker
9. Birthplace, . . . . .	Southwicks
10. Name of Mother, . . . . . (Maiden Name) . . . . .	Edmund (Clapp)
11. Residence, . . . . .	Southwicks
12. Birthplace, . . . . .	West Medway, Mass

Dated at Southwicks Aug. 9<sup>th</sup> 1898.

Signature of person }  
making return. }

Chas E. Glorie

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.

Commonwealth of Massachusetts.

No. 20

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Aug. 1, 1898
2. Full Name of Child, . .	— — Sawin
3. Color, * . . . . .	
4. Sex, (and if twin or illegitimate,) . .	Female
5. Place of Birth, . . . .	Southboro
6. Name of Father, . . . .	Harry Sawin
7. Residence, . . . . .	Southboro
8. Occupation, . . . . .	Merchant
9. Birthplace, . . . . .	Southboro
10. Name of Mother, . . . .	
(Maiden Name,) . . . .	
11. Residence, . . . . .	
12. Birthplace, . . . . .	

Dated at Southboro, Aug 3 1898

Signature of person  
making return. } *C. O. Jones, M.D.*

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]  
Plate. Ed. December, 1896.—5,000.

✓  
Commonwealth of Massachusetts.

No. 21

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Aug. 7, 1898
2. Full Name of Child, . . . .	Blair
3. Color, * . . . .	Female
4. Sex, (and if twin or illegitimate,) . . . .	
5. Place of Birth, . . . .	Fayville
6. Name of Father, . . . .	Clas Blair
7. Residence, . . . .	Fayville
8. Occupation, . . . .	Laborer
9. Birthplace, . . . .	Italy
10. Name of Mother, . . . . (Maiden Name,) . . . .	Minnie Carpenter
11. Residence, . . . .	Fayville
12. Birthplace, . . . .	Canada

Dated at Southboro. Aug. 10 1898  
Signature of person } } making return. } C. P. Jones M. I. C.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.

✓  
22  
Commonwealth of Massachusetts.

No.

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Sept. 1, 1898
2. Full Name of Child, . . . .	Washington
3. Color, * . . . .	Male
4. Sex, (and if twin or illegitimate,)	Southboro
5. Place of Birth, . . . .	
6. Name of Father, . . . .	Washington
7. Residence, . . . .	Southboro
8. Occupation, . . . .	Engineer
9. Birthplace, . . . .	
10. Name of Mother, . . . . (Maiden Name), . . . .	Elmina Vandersell
11. Residence, . . . .	Southboro
12. Birthplace, . . . .	

Dated at Southboro, Sept. 5 1898  
Signature of person } making return. } O P Jones M.D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.

✓  
Commonwealth of Massachusetts.

No. 23

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . . .	Sept 6, 1898
2. Full Name of Child, . . . . .	Raphael Ricinti
3. Color, * . . . . .	White
4. Sex, (and if twin or illegitimate,) . . . . .	Fayville
5. Place of Birth, . . . . .	Angelo Ricinti
6. Name of Father, . . . . .	Fayville
7. Residence, . . . . .	laborer
8. Occupation, . . . . .	Italy
9. Birthplace, . . . . .	
10. Name of Mother, . . . . . (Maiden Name) . . . . .	Glorinda Ricinti
11. Residence, . . . . .	Fayville
12. Birthplace, . . . . .	Italy

Dated at Southboro, Sept. 10 1898

Signature of person } making return. } C P Jones M.D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. - 5,000.

## Commonwealth of Massachusetts.

No. ✓ 25

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Sept. 16, 1898
2. Full Name of Child, . . . .	— — <i>Dix</i>
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . . .	<i>Male</i>
5. Place of Birth, . . . .	<i>Fayville</i>
6. Name of Father, . . . .	<i>W. Leon Dix</i>
7. Residence, . . . .	<i>Fayville</i>
8. Occupation, . . . .	<i>Laborer</i>
9. Birthplace, . . . .	<i>Fayville</i>
10. Name of Mother, . . . . (Maiden Name,) . . . .	<i>Josie Temple</i>
11. Residence, . . . .	<i>Fayville</i>
12. Birthplace, . . . .	<i>Fayville</i>

Dated at *Southboro*, Sept. 18 1898  
 Signature of person } *C. P. Jones* M. A. }  
 making return.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]  
 Plate. Ed. December, 1896. — 5,000.

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

✓ RETURN OF A BIRTH.

No. 26

1. Date of Birth, . . . . .
2. Full Name of Child, . . . . .
3. Color, \* . . . . .
4. Sex, (and if twin or illegitimate,) . . . . .
5. Place of Birth, . . . . .
6. Name of Father, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Birthplace, . . . . .
10. Name of Mother, . . . . .  
(Maiden Name,) . . . . .
11. Residence, . . . . .
12. Birthplace, . . . . .

Sept 25/98  
Robert Derway  
White  
Male  
Fayville Mass  
Herbert Granaway  
Fayville  
Labour  
Nova Scotia  
Minnie Granaway  
a. Gordon  
Fayville Mass  
N. S.

Dated at Ashland Sept 30<sup>th</sup> 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

D. L. Trumble M.D.  
and over 11/98

Signed by

Parent.

✓  
Commonwealth of Massachusetts.

No. 27

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Oct. 18. 1898
2. Full Name of Child, . . . .	Caldwell
3. Color,* . . . .	William Adams
4. Sex, (and if twin or illegitimate,)	Male
5. Place of Birth, . . . .	Southboro
6. Name of Father, . . . .	Franklin Caldwell
7. Residence, . . . .	Southboro
8. Occupation, . . . .	Creamery
9. Birthplace, . . . .	Roxbury Co. N.Y.
10. Name of Mother, . . . . (Maiden Name,) . . . .	addie <sup>my</sup> Brouck
11. Residence, . . . .	Southboro
12. Birthplace, . . . .	11

Dated at Southboro, Oct 20 1898

Signature of person } making return. } B P Jones M.D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.

✓  
Commonwealth of Massachusetts.

No. 29

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . . .	Oct 31, 1898
2. Full Name of Child, . . . . .	— Miller
3. Color, * . . . . .	Female
4. Sex, (and if twin or illegitimate,) . . . . .	Female
5. Place of Birth, . . . . .	Fayville
6. Name of Father, . . . . .	Geo Miller
7. Residence, . . . . .	Fayville
8. Occupation, . . . . .	Carpenter
9. Birthplace, . . . . .	
10. Name of Mother, . . . . .	
(Maiden Name,) . . . . .	
11. Residence, . . . . .	
12. Birthplace, . . . . .	

Dated at Southboro, Nov 5 1898  
Signature of person } B. O. Jones, M.D.  
making return.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]  
Plate. Ed. December, 1896.—5,000.

✓ Commonwealth of Massachusetts.

No. 30

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Nov. 1, 1898
2. Full Name of Child, . . . .	Fairbanks
3. Color, * . . . .	F.
4. Sex, (and if twin or illegitimate,) . . . .	
5. Place of Birth, . . . .	Southville
6. Name of Father, . . . .	Fairbanks
7. Residence, . . . .	Southville
8. Occupation, . . . .	Carpenter
9. Birthplace, . . . .	Southboro
10. Name of Mother, . . . . (Maiden Name,) . . . .	
11. Residence, . . . .	Southville
12. Birthplace, . . . .	

Dated at Southboro, Nov. 5 1898

Signature of person } making return. } C. O. Jones, M.D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

✓ Commonwealth of Massachusetts.

No. 31

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Nov. 29, 1898
2. Full Name of Child, . . . .	Hosmer
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . . .	Female
5. Place of Birth, . . . .	Southboro
6. Name of Father, . . . .	Irving Hosmer
7. Residence, . . . .	Southboro
8. Occupation, . . . .	Farmer
9. Birthplace, . . . .	Southboro
10. Name of Mother, . . . . (Maiden Name,) . . . .	Nellie County
11. Residence, . . . .	Southboro
12. Birthplace, . . . .	

Dated at Southboro, Dec 3 1898  
Signature of person making return. } O.P. Jones M.B.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No. 33

1. Date of Birth, . . . .	Dec 19/98
2. Full Name of Child, . . . .	White
3. Color, * . . . .	Female
4. Sex, (and if twin or illegitimate,)	Southville
5. Place of Birth, . . . .	Lain Nochon
6. Name of Father, . . . .	S.
7. Residence, . . . .	Farmer
8. Occupation, . . . .	Canada
9. Birthplace, . . . .	Mary Section
10. Name of Mother, . . . .	n. Tiston
(Maiden Name, . . . .	Southville
11. Residence, . . . .	Michigan
12. Birthplace, . . . .	

Dated at Ashland Mass Dec 31 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

D. J. Brumley M.D.

Signed by

Parent.

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

✓ Commonwealth of Massachusetts.

— RETURN OF A BIRTH. —

No. 34

1. Date of Birth, . . . . .
2. Full Name of Child, . . . . .
3. Color, \* . . . . .
4. Sex, (and if twin or illegitimate,) . . . . .
5. Place of Birth, . . . . .
6. Name of Father, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Birthplace, . . . . .

Dec 31/98

Paul Delvey

White

Male

Southville

Frederick Jones

Southville

Coachman

Conn

10. Name of Mother, . . . . .  
(Maiden Name,) . . . . .

Jessie Jones

Thayer

11. Residence, . . . . .
12. Birthplace, . . . . .

Southville

Concord N. H.

ashland Dec 31/98

18

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

D. G. Tracy M.D.

Signed by

Parent.